

CDC INFLUENZA REPORT

NO. 12 AUGUST 16, 1957

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SPECIAL NOTE

Information contained in this report is a summary of data reported to CDC by State Health Departments; Epidemic Intelligence Service Officers; collaborating influenza diagnostic laboratories, and other pertinent sources. Much of it is preliminary in nature and is primarily intended for those involved in influenza control activities. It is understood that the contents of these reports will not be released to the press, except by the Office of the Surgeon General, Public Health Service, U. S. Department of Health, Education, and Welfare. State Health Officers, of course, will judge the advisability of releasing any information from their own states.

Table of Contents

- I. Summary of Information
- II. Epidemic and Case Reports
- III. Progress Reports
- IV. Influenza Virus Center Information
- V. Reports of Influenza-Associated Deaths
- VI. Summary Tables - Cases and Outbreaks
- VII. Proposed Voluntary Vaccine Allocation System.
News Release from the Surgeon General

I. Summary of Information

Included in this Report is a daily record of patients seen with influenza-like illnesses at Charity Hospital, in New Orleans. It is hoped that eventually, by comparison with previous years' figures, some estimation of current morbidity due to influenza may be obtained. Additional enumerations from other areas will be added as they become available.

Evidence of infection with Asian strain has been reported from Oregon, with a camp outbreak of febrile respiratory disease also noted in the same area. An Oregon Boy Scout, who attended the Jamboree at Valley Forge, yielded this strain, also.

Asian strain influenza virus has been isolated from cases in an up-state New York labor camp and from foreign exchange students in New York City. One death has occurred in this latter group.

Probably the first report this season of influenza virus isolated from a fatal case of complicating staphylococcal pneumonia has come from California.

Evidence of influenza infection due to an A-prime virus has been obtained from a sporadic case in New Orleans, Louisiana.

Seed virus and fluid antigen of an egg-animal-line of influenza virus has been distributed by the Influenza Virus Center at Montgomery, Alabama. It is expected that hemagglutination-inhibition tests will be facilitated by this material.

Asian strain virus has been isolated from influenza patients in Colombia, South America. A/Denver/57 related strains have been implicated in several influenza cases which occurred in Saskatchewan, Canada.

As has been frequently observed recently, Asian strain influenza virus is widely "seeded" over the country. The mildness of the illness, coupled with the infrequency of diagnostic specimens, probably has resulted in only a very small percentage of cases being identified. What holds the virus in abeyance at this season is far from clear.

II. Epidemic and Case Reports

12-A. OREGON

(Reported by Drs. S. B. Osgood and M. A. Holmes, Oregon State Board of Health.)

Serologic evidence of infection with Asian strain influenza virus has been obtained in two sporadic cases occurring in military personnel. These men were on leave in Oregon from their California bases. Both C-F and H-I tests were performed on paired sera.

12-B. OREGON, Delake

(Reported by Drs. S. B. Osgood and M. A. Holmes, Oregon State Board of Health.)

An outbreak of influenza-like illness occurred at a girls' camp near Delake, Oregon. The camp was in session between July 26 and August 16. One hundred thirty-eight campers and 23 staff members were present. The campers, all from the Pacific Northwest, were girls between 8-13 years old.

On July 29 a Portland, Oregon, camper became ill 24 hours after arrival at the camp and 48 hours after exposure to her brother, who had just returned from the Valley Forge Boy Scout Jamboree. On August first the next campers became ill. By the peak day, August 6, approximately 10 staff members and 40 campers had been affected. The outbreak subsided rapidly after the peak day. The total attack rate was about 33%.

The illness was characterized by sudden onset, after an apparent incubation period of about 48 hours. Fever and conjunctivitis (palpebral injection) were noted in 100% of the cases. Headache, myalgia, backache, dry cough, and malaise were prominent. Gastrointestinal symptoms were infrequent. Duration of illness averaged 3 days, with a range of 2 to 7 days.

Blood specimens, but not throat washings, will be available for diagnostic studies.

12-C. MICHIGAN, Coldwater

(Reported by Dr. G. H. Agate, Michigan Department of Health, and Dr. Gordon Brown, University of Michigan.)

Soon after meeting a friend just arrived from Mexico City with a febrile respiratory disease, this Michigan woman developed typical influenza symptoms. Asian strain influenza virus was subsequently isolated from her throat washings obtained during the acute illness.

12-D. LOUISIANA, Livingston Parish

(Reported by Dr. J. D. Martin, Louisiana Department of Health.)

The school involved in this outbreak is only a few miles from Tangipahoa Parish (see CDC Influenza Report No. 10-A, 11-G) where influenza due to Asian strain virus has occurred.

School enrollment here is about 450. On August 13, 143 children were absent primarily because of febrile respiratory disease. About 125 were absent on August 14. Appropriate specimens are presently under laboratory study. As in Tangipahoa Parish, the lower socioeconomic groups are most heavily affected. Crowding and poor sanitary facilities are marked in this group.

12-E. LOUISIANA, New Orleans

(Reported by Dr. J. D. Martin, Louisiana Department of Health, and Dr. W. J. Mogabgab, Tulane University School of Medicine.)

A 26-year-old negro male was admitted to Charity Hospital on July 5 and discharged on July 9, with a clinical diagnosis of influenza. Acute and convalescent blood specimens were collected on July 6 and August 1. The hemagglutination-inhibition titer against A/Denver/57 rose from less than 1:4 to 1:64 in the convalescent specimen.

12-L. LOUISIANA, Baton Rouge

(Reported by Dr. J. D. Martin, Louisiana Department of Health.)

A sharp outbreak of influenza-like illness developed on August 14 in a Baton Rouge orphanage. On August 15, 61 children were reported ill and throat washings and blood specimens were obtained for laboratory study.

12-M. MICHIGAN, Bay County

(Reported by Dr. G. H. Agate, Michigan Department of Health, and Dr. G. Brown, University of Michigan.)

Migrant workers, travelling by bus from Mexico, were ill with febrile respiratory disease upon arrival in Bay County. Throat washings collected from acute cases on July 31 revealed Asian strain influenza virus.

(This report not noted in current summary charts.)

Report from Charity Hospital, New Orleans

Total Number of Patients Seen in the Admitting Room and Number with Influenza-like Illness

(Data provided by Charity Hospital administration through Dr. J. D. Martin, Louisiana State Department of Health)

Date	No. with influenza-like illness	No. seen	% with influenza-like illness
Aug. 4, 1957	25	304	8.0%
Aug. 5	35	642	5.5%
Aug. 6	33	500	6.0%
Aug. 7	34	470	7.2%
Aug. 8	33	398	8.3%
Aug. 12	89	710	12.5%

The above tabulation, when interpreted within the necessary limitations, may over the course of weeks give an estimation of influenza morbidity in New Orleans.* Patients visiting the Charity Hospital admitting room are usually of a low socioeconomic group, a population segment found most sus-

*Similar figures from other city hospitals might be equally valuable.

ceptible to epidemic influenza. Consequently, they provide a very sensitive index of influenza in an area. What relationship these figures may have to over-all community influenza morbidity is not easily determined. As absentee reports from schools and industry are available for comparison, this problem may be partially illuminated.

III. Progress Reports

12-F. NEW YORK, Cayuga County (See CDC Influenza Report No. 10-F)

(Reported by Dr. J. L. Freitag, New York Department of Health.)

Asian strain influenza virus has been isolated from throat washings obtained at the larger of the two previously reported labor camps.

12-G. NEW YORK, New York City (See CDC Influenza Report No. 11-B)

(Reported by Dr. H. Fuerst, New York City Health Department.)

Among the exchange students who arrived in New York City in early August were about 44 Turkish students, who had traveled on the Orient Express from Turkey to Western Europe. Cases of influenza-like illness broke out in this group in Belgrade and still more when they reached Vienna. Here an Austrian contingent boarded the train. By the time the students reached Rotterdam, 15 of the Turkish students were ill. The Turkish group was refused ship passage because of the illness. They therefore traveled to Amsterdam by bus and flew to New York, arriving August 7. Nine were ill on arrival and 3 were hospitalized. Asian strain virus has been isolated from two of these cases.

On August 12, more than 400 exchange students arrived in New York harbor on the Arosa Sky, with 50 active influenza cases. The Austrian contingent was the first to develop symptoms during the voyage. The students all traveled tourist class. About 740 other persons were on board the ship, including 200 first-class passengers and 200 crew members. Only one case occurred in each of these last groups.

The death of an 18-year-old exchange student is noted in section V of this Report.

The students will soon travel to many different sections of the United States to take up residence in private homes.

12-H. Boy Scout Jamboree (See CDC Influenza Report Nos. 3-D, 4-H, 5-F, 6-E, 7-C, 8-C, 11-F)

A report from Dr. M. E. Rindge, Connecticut Department of Health, states that serologic evidence of infection with Asian strain influenza virus has been obtained from a Boy Scout who became ill upon return from the Jamboree at Valley Forge, Pennsylvania.

Sera collected on July 23 and August 1 were tested for hemagglutination-inhibition activity. A 16-fold increase was detected for Asian strain; an 8-fold increase for PR8; and a 4-fold increase for A/Denver/57.

Dr. D. S. Fleming, Minnesota Department of Health, reports that of 1423 Boy Scouts from the state who attended the Jamboree, about 206 were ill with influenza. About 66 secondary cases have occurred. Of 234 scouts queried by questionnaire, 34 had been ill, with 22 illnesses after return home.

Drs. S. B. Osgood and M. A. Holmes, Oregon State Health Department, have reported isolation of Asian strain influenza virus from a Boy Scout, ill on July 30, who returned home from the Jamboree on July 27. About 350 Boy Scouts returned to Portland on this latter date and, within three days, 3 scouts reported febrile respiratory disease, as did 4 family contacts.

12-I. CALIFORNIA, Monterey (See CDC Influenza Report No. 1-H, 2-F)

(Reported by Dr. P. K. Condit, California Department of Public Health.)

Among the more than 4000 influenza cases reported in late June and early July at Fort Ord, one death occurred and is noted in section V of this Report. Furthermore, 9 cases of lobar pneumonia were noted as complications in this group.

12-J. CALIFORNIA, Fresno

(Reported by Dr. R. M. Moldenhauer and Dr. J. Culver, California Department of Public Health.)

Asian strain influenza virus has now been isolated from cases of influenza that occurred in the Fresno County jail population in mid-July.

IV. Influenza Virus Center Information

Lyophilized seed virus and 15 ml. of fluid antigen of an egg-animal-line of A/Japan 305/57 has been sent to all Influenza Collaborating Laboratories. As previously noted, this line of virus is more sensitive to specific antibody and should increase the usefulness and sensitivity of the hemagglutination-inhibition test when testing for Asian strain antibody. More complete details of this virus-line and necessary serum treatment are presented in CDC Influenza Report No. 8, section IV.

V. Reports of Influenza-Associated Deaths

(Reported by Drs. R. Moldenhauer and J. Culver, California Department of Public Health.)

Cal. 8 During the course of the influenza outbreak at a military

installation (CDC Influenza Report No. 1-H, 2-F) a young adult male developed an influenza-like illness and expired within 24 hours of onset. X-ray examination of the chest shortly before death showed signs of a left-sided bacterial pneumonia. Post-mortem examination revealed bilateral consolidation with *Micrococcus pyogenes* var. *aureus* cultured from lung tissue. Asian strain influenza virus has been isolated from bronchial mucosa. These specimens were obtained at autopsy and frozen prior to virus isolation.

N.Y..1 An 18-year-old boy developed symptoms typical of influenza soon after he arrived with a group of foreign exchange students (CDC Influenza Report No. 11-B) in New York City. He was hospitalized the same day but expired within 24 hours. Post-mortem examination revealed a hemorrhagic pneumonitis. A specimen of lung tissue was frozen for virus isolation.

Additional Notes

Dr. A. Saenz, Pan American Sanitary Bureau, reported that Asian strain virus has been isolated from throat washings received at the WHO Influenza Center, Montgomery, Alabama, from Colombia, South America.

Notification has been received at the WHO Influenza Center from Dr. F. P. Nagler, that the Laboratory of Hygiene in Ottawa, Canada, has recently isolated several strains of influenza virus closely related to A/Denver/57 strain. The illnesses occurred during July in Regina, Saskatchewan.

VII. Proposed Voluntary Vaccine Allocation System.

News Release from the Surgeon General, August 16, 1957.

The Public Health Service has proposed a voluntary interstate allocation system for the distribution of influenza vaccine to the six licensed influenza vaccine manufacturers, Surgeon General Leroy E. Burney announced today.

The purpose of the system would be to assure "an equitable availability of vaccine supplies throughout all parts of the country," Dr. Burney said. He added that several of the companies already have informally indicated a willingness to go along with the plan so long as the vaccine remains in short supply.

The proposed voluntary system would be patterned along the following lines:

1. Each State would be entitled to shipments of a percentage of vaccine produced by each manufacturer equal to the percentage which that State's population bears to the total population of the United States;
2. Out of each week's vaccine production, manufacturers would establish for each State a quota of vaccine equal to the State's percentage entitlement;
3. Vaccine manufacturers would limit their sale of vaccine in each State to the quota established for that State;
4. Manufacturers would report weekly to the Public Health Service the net amount of vaccine released for sale that week and, on a State by State basis, the amount shipped into each State in terms of amounts shipped to public agencies and to other purchasers;
5. The Public Health Service would maintain data from the States regarding the adequacies of available vaccine supplies under the system and would recommend modifications in the quotas if it appeared that supplies were exceeding demand in some States.

Dr. Burney said that under this system the Public Health Service would not contemplate any allocation between public agency purchasers and commercial sales.

VII. Summary Tables - Cases and Outbreaks

TABLE I

Confirmed Outbreaks and Cases of Influenza Due to Asian Strains, United States
June 1--August 16, 1957

Dates of Outbreaks	Location	Type of Population	Population at Risk	No. Ill	Deaths	Lab. Diagnosis by Virus Isolation	Serology	CDC Influenza Report Number
May 20-- June 18	CALIFORNIA San Francisco	Ships from Orient	c.9500	800+	1		Yes	1-A
Mid-June	San Diego	Naval Training Station recruits Station personnel	c.4500 c.6600	3159 753	0 0	Yes (6-21-57)		1-C
June 5-11	San Diego	Naval vessel crew	130	78	0	Yes		1-C
Late June	Monterey	Fort Ord Army Base Army personnel	?	4000+	1	Yes	Yes	1-H 2-F
June 17-25	Davis	High school girls and adult leaders	391 24	224 4	0 1	Yes	Yes	1-G 3-J
June 20-25	San Mateo Co.	Boys camp, 15-17 year olds	53	36	0	Yes	Yes	1-F 6-Note
June 19-23	VIRGINIA Norfolk	Pakistani ship from Newport, R. I.	?	5+	0	Yes	Yes	6-A
Early June	RHODE ISLAND Newport	Crews of several naval vessels	?	Attack rates 18-45%	0	Yes		1-B 2-G
June	HAWAII	Military personnel Military dependents Civilians	?	527+ 103+ 300+	0 0		Yes	1-E
Mid-June	OHIO Cleveland	Military man from Far East	Single case		0	Yes		1-D
June 12-16	Cleveland	Hospital orderly Young females	Single case 2 cases		0	Yes	Yes	2-A 4-F, 9-C

TABLE 1 (Continued)

Dates of Outbreaks	Location	Type of Population	Population at Risk	No. Ill	Deaths	Lab. Diagnosis by Virus Isolation	Serology	CDC Influenza Report Number
June 26-- July 2	ICWA Grinnell	College students and adult leaders	1688	200+	0	Yes	Yes	1-J
July 1-5	UTAH Salt Lake City	High School stu- dents and exposed residents	37 64	30 14	0 0	Yes	Yes	1-K 2-E
July 5	KENTUCKY Louisville	Traveller from the Philippines	Single case		0	Yes		3-A
July 11-13	Morris Fork	Isolated encampment	24	12	0	Yes		4-C 5-E
July 11-18	PENNSYLVANIA Valley Forge	International Boy Scout Jamboree	53,000	c.1000	0	Yes		3-D 5-F
Early July	TEXAS Corpus Christi Various cities	Naval Air Station Sporadic cases	? ?	33 60 speci- mens	0 0	Yes Yes		5-C 6-B 10-C
July 17	WASHINGTON Seattle	Military transport from Orient	2000	c.320	0		Yes	5-B 6-C
Late June	NEBRASKA Omaha	University faculty member and wife	2 cases		0		Yes	9-D
July 28, Aug. 1	FLORIDA Miami	Airline crewmen (from Chile)	12	5	0	Yes		8-B 10-G
July 29	MICHIGAN Calhoun Co.	Migrant workers, adults	66	12	0	Yes		10-B
Mid-July	LOUISIANA Grant Parish	Girl's camp	60	30	0	Yes		4-B
July 31- Aug. 8	Tangipahoa Parish	Entire population	c.60,000	4000+	1	Yes		10-A
Early Aug.	New Orleans	Charity Hospital OPD patients	Sporadic cases		0	Yes		11-H

TABLE I (Continued)

Dates of Outbreaks	Location	Type of Population	Population at Risk	No. Ill	Deaths	Lab. Diagnosis by Virus Isolation	Serology	CDC Influenza Report Number
July	NEW JERSEY Burlington Co.	Army camp	Single Case		0	Yes		11-A
July	TEXAS Bexar County	2 Air Force Bases	Sporadic cases		0	Yes		11-C
July 20- Aug. 4	NEW YORK Cayuga Co.	Migrant workers, families, 2 camps	110 908	c, 75 70	0 0	Yes		10-F 12-F
Aug. 7	New York City	High School Students Airline and ship	44	9	0 1	Yes		11-B 12-G
Early Aug.	MICHIGAN Coldwater	Contact with case from Mexico	Single case		0	Yes		12-C
Late July	OREGON	Military personnel	2 Sporadic cases				Yes	12-A
July 14	CALIFORNIA Fresno	County jail	?	17+		Yes		9-A 12-J

TABLE II

Unconfirmed Influenza-like Illness, Outbreaks - United States
June 1--August 16, 1957

Dates of Outbreaks	Location	Type of Population	Population at Risk	No. Ill	Deaths	Specimens Obtained		CDC Influenza Report Number
						Throat Washings	Blood	
May 29-- June 7	CALIFORNIA Solano Co.**	Mare Island Naval Yard - Marines	75	38	1	Yes	Yes	1-I
June 16		Naval vessel crew	?	187				
June 22-- Early July	Oceanside**	Camp Pendleton Marine recruits	40,000	2511+	0	Yes	Yes	2-D
Mid-July	Fresno, Sonoma, Los Angeles Cos.	Three summer children's camps	800	c.100	0		Yes	3-E
July 8-12	Los Angeles**	City Jail	?	200+	0	Yes	Yes	3-F
July 8	Santa Clara**	Teenagers	60	3+	0	Yes	Yes	4-A
Mid-July	Monterey and Sonoma Cos.	Migrant farm workers	?	50+	0	Yes	Yes	6-F
July	Marin County	Air Force Base personnel	?	300-500	0	Yes	Yes	7-E
Late July-- Early Aug.	Santa Clara and Calaveras Cos.	Children's camps	500	130	0		Yes	7-B
Late July-- Early Aug.	Butte County	Air Force Reservists	500	120	0		Yes	9-F
Late July-- Early Aug.	Sonoma County	Mental Hospital	?	c.100	0	Yes	Yes	9-G
Aug. 1-6	LOUISIANA Plaquemine Parish	Fishery workers, adult males	c.950	c.75	0	Yes	Yes	9-K
								10-E

**Identified as Type A influenza by C-F test.

TABLE II (Continued)

Dates of Outbreaks	Location	Type of Population	Population at Risk	No. Ill	Deaths	Specimens Obtained Throat Washings	Blood	CDC Influenza Report Number
June 26- Early July	ILLINOIS Champaign Co.	Air Force Base	?	610+	0	Yes	Yes	4-D
July 4-19	WASHINGTON Fort Lewis	Military personnel	?	c.250	0	Yes	?	5-A
July 11	IDAHO Ketchum	Children's camp	?	39	0	Yes	Yes	7-A
July 25-31	MISSOURI** Osceola	Boy Scout Camp	1200	100+	0	Yes	Yes	8-A
Aug. 4, 5	INDIANA Wabash	Migrant workers, adults	62	15	0	Yes	Yes	10-D
July 29- Aug. 6	OREGON Delake	Girl's camp aged 8-13	161	50+	0		Yes	12-B
Aug. 13, 14	LOUISIANA Livingston Parish	School group	450	143+	0	Yes	Yes	12-D
Aug. 14	Baton Rouge	Orphanage	?	61	0	Yes	Yes	12-L

**Post-mortem examination performed.

TABLE III

Outbreaks of Febrile Respiratory Disease - Etiology Other Than Influenza or No Specimens Obtainable
June 1--August 16, 1957

Date of Outbreaks	Location	Type of Population	Population at Risk	No. with Influenza-like Illnesses	Deaths	Specimens Obtained		CDC Influenza Report Number
						Throat Washings	Blood	
Early July	MISSOURI Columbia	Townpeople	?	200+	0	Yes Negative for Influenza	Yes	1-L
Late June through Mid-July	CALIFORNIA San Mateo, Santa Cruz, Sonoma, Tuolumne, Plumas, Fresno, San Diego, Los Angeles Counties	15 Children's Summer Camps	c.2540	c.390	0	0	0	1-M 4-E
July 5 - July 9	LOUISIANA New Orleans	Sporadic Case			0	Yes	Yes, Influenza A-prime	12-E

TABLE IV

Reported Influenza-like Illness Among Returning Delegates from Grinnell (Iowa) Conference
Through August 16, 1957

Omitted from this report. No additions since Report No. 11.

TABLE V

Reported Outbreaks of Influenza-like Illness Among Boy Scouts Returning from the Jamboree
Through August 16, 1957
(See CDC Influenza Progress Reports 3-D, 4-H, 5-F, 6-E, 7-C, 7-D, 8-C, 11-F, 12-H)

Date of Report	Final Destination of Group	No. Ill	Illness En Route Home	Illness After Arrival	Lab. Confirmation Asian Strain Influenza	Reported From
July 23	Southern California and Hawaii, except Los Angeles	27	Yes	---	Yes	Louisiana
July 23	CONNECTICUT	1	---	Yes	Yes	Connecticut
July 23	San Francisco via NEW ENGLAND	46 ⁺	Yes	---	---	Boston, Mass. and New London, Conn.
July 23	SOUTH CAROLINA	4	---	Yes	---	Marion County, S. C.
July 24	LOUISIANA	5	Yes	---	---	Roanoke, Va.
July 24	Tangipahoa Parish TEXAS	40	---	Yes	Yes	Texas
July 30	Austin El Paso	24 ⁺	Yes	Yes	---	New Mexico
July 25	CALIFORNIA	200 ⁺	Yes	---	---	Yellowstone, Wyo. and Mont.
July 25	San Francisco MISSISSIPPI	?	---	Yes	---	Mississippi
July 29	Jackson ALABAMA	4-5	Yes	Yes	---	Alabama
July 29	Thomasville MISSOURI	5	Yes	Yes	Yes	Alabama
July 31	Osceola	100 ⁺	---	Yes	---	Missouri
July 30	NEW MEXICO	11 ⁺	Yes	Yes	---	New Mexico
Aug. 6	VIRGINIA	1 ⁺	---	Yes	---	Virginia
Aug. 13	Roanoke MINNESOTA	34	Yes	Yes	---	Minnesota
Aug. 14	OREGON	3	---	Yes	Yes	Oregon

TABLE VI

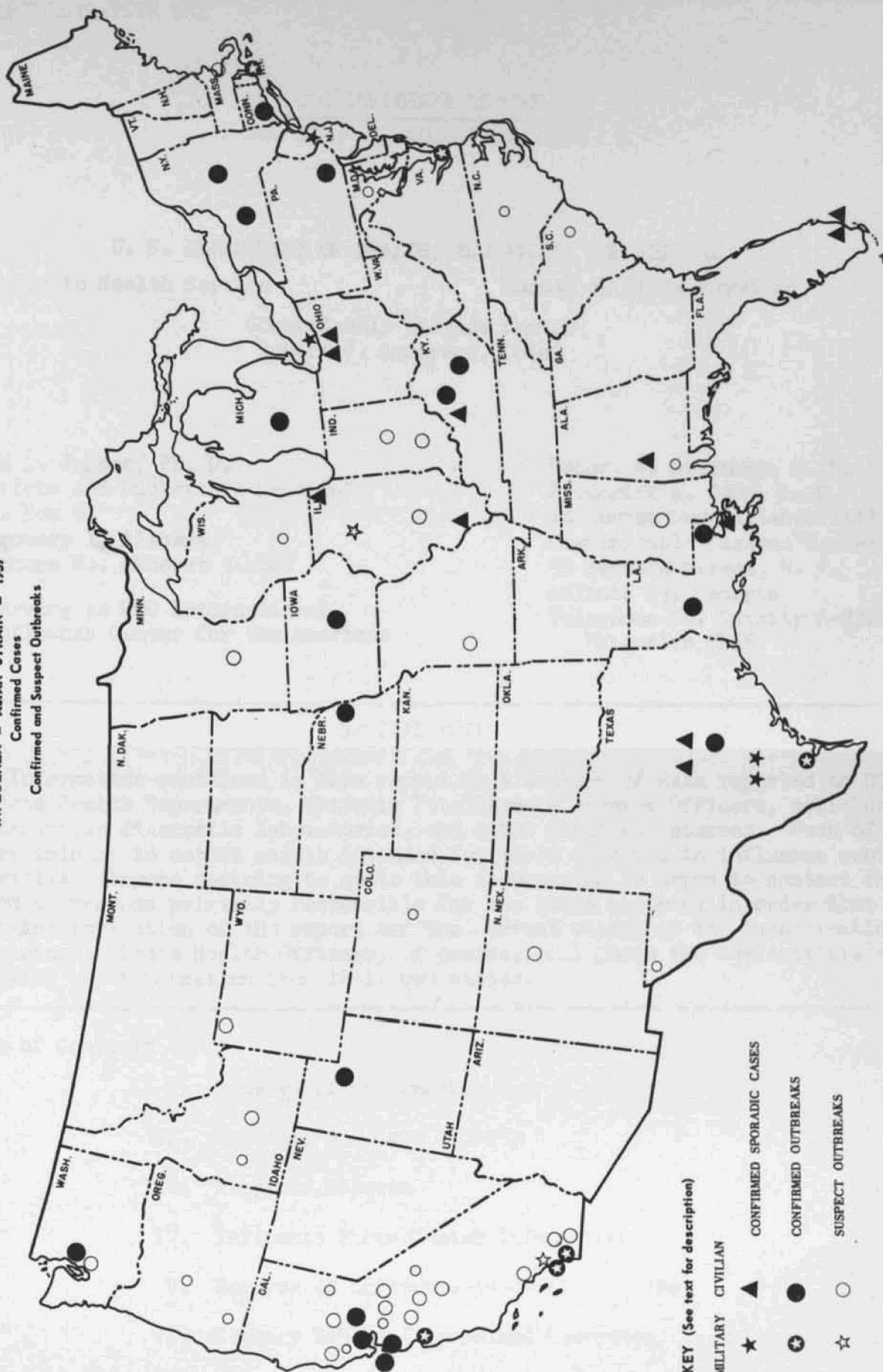
Reported Instances of Influenza Associated Deaths, United States
June 1, 1957 through August 16, 1957

State and No.	Locale of Death	Age	Sex	Date of Onset	Date of Death	Diagnosis of Influenza	Contributory Factors and/or Reported Cause of Death	CDC Influenza Report No.
Cal. 1	San Diego	58	M	July 7	July 16	Clinical (CF Test 1:64)	Bronchopneumonia**	9
Cal. 2	San Diego	44	M	July 17	July 21	Clinical	Coronary occlusion	9
Cal. 5	Davis	57	F	June 29	July 4	Clinical	Acute Toxic Myocarditis**	1-G 3-J 9
Cal. 6	Mare Island	20	M	June 10	June 13	Clinical	Bilateral Lobar Pneumonia with Consolidation (etiol. M. pyogenes var. aureus)**	9
Cal. 7	San Diego	34	F	?	July 15	Clinical	"Fulminating Influenzal Pneumonia" (Hemolytic Streptococci also cultures)**	9
La. 1	Tangipahoa Parish	2	M	?	July 26	Clinical (Family outbreak)	DOA-- No further details yet	11
Cal. 8	Monterey	Young adult	M	?	Early July	Virus isolation	Bilateral lobar Pneumonia with Consolidation (etiol. M. pyogenes var. aureus)**	12
N. Y. 1	New York City	18	M	Aug. 13	Aug. 14	Clinical	Hemorrhagic pneumonitis**	12

**Post-mortem examination performed.

INFLUENZA - ASIAN STRAIN - 1957

Confirmed Cases
Confirmed and Suspect Outbreaks



KEY (See text for description)

MILITARY CIVILIAN

- ★ CONFIRMED SPORADIC CASES
- CONFIRMED OUTBREAKS
- SUSPECT OUTBREAKS